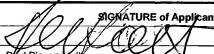
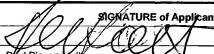
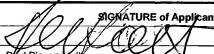


REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/650,123
	Filing Date	August 28, 2003
	First Named Inventor	Denis Martin
	Art Unit	1645
	Examiner Name	Jennifer E. Graser
	Attorney Docket Number	484112.432

I hereby revoke all previous powers of attorney given in the above-identified application. <input type="checkbox"/> A Power of Attorney is submitted herewith. OR <input checked="" type="checkbox"/> I hereby appoint the practitioners at Seed IP Law Group PLLC, Customer Number: 00500															
<input checked="" type="checkbox"/> Please change the correspondence address for the above-identified application to: <input checked="" type="checkbox"/> The address associated with Customer Number 00500 OR <input type="checkbox"/> Firm or Individual Name															
Address															
City		State	Zip												
Country															
Telephone		Email													
I am the: <input type="checkbox"/> Applicant/Inventor. <input checked="" type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) <input checked="" type="checkbox"/> As assignee of record of the entire interest I/we hereby elect, under 37 CFR 3.71, to prosecute the application to the exclusion of the inventor(s).															
SIGNATURE of Applicant or Assignee of Record <table border="1"> <tr> <td>Signature</td> <td></td> <td>Date</td> <td>8/21/03</td> </tr> <tr> <td>Name</td> <td>Paul Pinsonault</td> <td></td> <td></td> </tr> <tr> <td>Title and Company (Assignee)</td> <td colspan="3">Senior Legal Counsel ID Biomedical Corporation</td> </tr> </table>				Signature		Date	8/21/03	Name	Paul Pinsonault			Title and Company (Assignee)	Senior Legal Counsel ID Biomedical Corporation		
Signature		Date	8/21/03												
Name	Paul Pinsonault														
Title and Company (Assignee)	Senior Legal Counsel ID Biomedical Corporation														
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below". <input type="checkbox"/> *Total of _____ forms are submitted.															